



*Filed*

<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. CTCH-P01-021	
Application No. 10/686492	Filing Date October 14, 2003	Examiner M. D. Dryden	Art Unit 3736		
Applicant(s): Fink et al.					
Invention: OPTICALLY POWERED AND OPTICALLY DATA-TRANSMITTING WIRELESS INTRAOCULAR PRESSURE SENSOR DEVICE					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	40	- 36 =	4	x 25.00	100.00
Independent Claims	3	- 3 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					100.00
<input type="checkbox"/> Large Entity <span style="margin-left: 200px;"><input checked="" type="checkbox"/> Small Entity</span>					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. <u>18-1945</u> in the amount of \$ <u>100.00</u> . A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>18-1945</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Edward A. Gordon Attorney Reg. No.: 54,130				Dated: <u>April 10, 2006</u>	
ROPES & GRAY LLP One International Place Boston, Massachusetts 02110-2624 (617) 951-7066					
I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.					
Dated: <u>4/10/06</u> Signature: <u>Joanne Ryan</u> (Joanne Ryan)					



I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 4/10/06 Signature: Joanne Ryan  
(Joanne Ryan)

Docket No.: CTCH-P01-021  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Fink et al.

Application No.: 10/686492

Confirmation No.: 3542

Filed: October 14, 2003

Art Unit: 3736

For: OPTICALLY POWERED AND OPTICALLY  
DATA-TRANSMITTING WIRELESS  
INTRAOCULAR PRESSURE SENSOR  
DEVICE

Examiner: M. D. Dryden

**INTERVIEW SUMMARY AND AMENDMENT IN RESPONSE  
TO NON-FINAL OFFICE ACTION**

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

**INTRODUCTORY COMMENTS**

In response to the Office Action dated January 10, 2006, please amend the above-identified U.S. patent application as follows:

**Amendments to the Abstract** begin on page 2 of this paper.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 3 of this paper.

**Remarks/Arguments** begin on page 7 of this paper.

04/14/2006 LWONDIH1 00000016 181945 10686492

01 FC:2202 100.00 DA